

ISSUE SET-STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Z.S		11-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EP	1125	12/1/01
RESPONSE FORMALITY REVIEW	A-M	JC 580	01-30-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-30-01
2	✓	✓	11-30-01
3	✓	✓	11-30-01
4	✓	✓	11-30-01
5	✓	✓	11-30-01
6	✓	✓	11-30-01
7	✓	✓	11-30-01
8	✓	✓	11-30-01
9	✓	✓	11-30-01
10	✓	✓	11-30-01
11	✓	✓	11-30-01
12	✓	✓	11-30-01
13	✓	✓	11-30-01
14	✓	✓	11-30-01
15	✓	✓	11-30-01
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25	✓	✓	11-30-01
26	✓	✓	11-30-01
27	✓	✓	11-30-01
28	✓	✓	11-30-01
29	✓	✓	11-30-01
30	✓	✓	11-30-01
31	✓	✓	11-30-01
32	✓	✓	11-30-01
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47	✓	✓	11-30-01
48	✓	✓	11-30-01
49	✓	✓	11-30-01
50	✓	✓	11-30-01

Claim	Final	Original	Date
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52	✓	✓	11-30-01
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97	✓	✓	11-30-01
98	✓	✓	11-30-01
99	✓	✓	11-30-01
100	✓	✓	11-30-01

Claim	Final	Original	Date
101	✓	✓	11-30-01
102	✓	✓	11-30-01
103	✓	✓	11-30-01
104	✓	✓	11-30-01
105	✓	✓	11-30-01
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109	✓	✓	11-30-01
110	✓	✓	11-30-01
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147	✓	✓	11-30-01
148	✓	✓	11-30-01
149	✓	✓	11-30-01
150	✓	✓	11-30-01

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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Date: